



DATE OF APPLICATION: _____

APPLICATION FOR 30 DAY CLASS 3 FIREWORKS PERMIT

APPLICANT:

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

PROPOSED PERMIT HOLDER: (If different from Applicant)

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

SALES ADDRESS AND DETAILED DESCRIPTION OF PREMISE:

INDOOR SALES: _____ OUTDOOR SALES: _____ If applicable, complete Outdoor Vendor Permit

APPLICANT'S WISCONSIN SALES TAX ID NUMBER: _____

DESCRIPTION OF CLASS 3 FIREWORKS FOR PROPOSED SALE: (Attach listing if necessary)

I understand and agree that such license, if granted, shall be non-transferable and may be revoked at any time for just and legal cause, and that in case of relinquishment or revocation thereof, I shall be entitled to no refund of license fee for the unexpired term.

License Period: _____

Signature of Applicant

FIRE DEPARTMENT : _____ Approved: _____ Denied: _____ Date: _____

POLICE DEPARTMENT: _____ Approved: _____ Denied: _____ Date: _____

IF DENIED, REASON: _____

For Office Use Only:

1. Application completely filled out and signed: _____
2. Zoning: _____ Zoning approved by: _____
3. Applicant submitted site plan of sales area: _____ Site Plan Approved by: _____
4. Applicant submitted written permission to use property: _____
5. Applicant signed State Statute Rules & Regulations - One copy for Clerk, one for Applicant _____
6. \$250 per location fee paid: _____
7. Applicant issued letter from Fire Chief, Fire Dept. phone number & instructions for inspection: _____
8. Applicant issued No Smoking Sign
9. Applicant issued copy of Ordinance No. 3108: _____
10. Outdoor Vendor application completed: _____